

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**  
**ANNUAL PREMIUM TAX STATEMENT - FOREIGN LIFE INSURANCE COMPANY**  
**for the Year Ending December 31, \_\_\_\_\_**

**PD-B**

**INSTRUCTIONS**

**PENALTIES** – Any Company failing to file its Premium Tax Return (even when no tax is due) or failing to pay such taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner. ANY COMPANY, OTHER THAN A FRATERNAL, FAILING TO ELECTRONICALLY FILE THE ANNUAL STATEMENT WITH THE NAIC ON A TIMELY BASIS SHALL BE SUBJECT TO A PENALTY OF \$250 AND MAY HAVE ITS CERTIFICATE OF AUTHORITY SUSPENDED OR REVOKED. Fraternal shall be subject to a penalty of \$100 per day for each day the Annual Statement is late.

**RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.**

**Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.**

- ( ) Include two (2) forms of supporting documentation for each credit taken on the reverse side.
- ( ) Make checks payable to the: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- ( ) Please submit **TWO CHECKS**: one in payment of Fees, and one in payment of Premium Taxes due the State of Alabama.
- ( ) Please mail the following documents to the address below: Annual Premium Tax Return and checks, and the Application for License Renewal. **These items should be mailed together.**

**POSTAL SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
P. O. Box 830691  
Birmingham, AL 35283-0691

**COURIER OR EXPRESS SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
701 South 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC# \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY MAILING ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTACT PERSON'S E-MAIL ADDRESS \_\_\_\_\_

**LICENSE RENEWAL FEES**

**FEES: Renewal of Certificate of Authority**

PI \$ **505.00**

**Annual Statement Filing Fee:**

PJ \$ **25.00**

**Check No.** \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

\_\_\_\_\_, President and \_\_\_\_\_ Secretary

of the \_\_\_\_\_ Insurance Company  
being duly sworn, each for himself, deposes and says, that they are the above described officers of said Company and that the foregoing statement of business transacted during such year and showing the true status of same on December 31, of such year, is full and correct according to the best of their information, knowledge and belief, respectively.

Subscribed & sworn before me this \_\_\_\_\_

\_\_\_\_\_  
President

Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Secretary

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

--OVER--

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**  
**ANNUAL PREMIUM TAX STATEMENT - FOREIGN LIFE INSURANCE COMPANY**  
**for the Year Ending December 31, \_\_\_\_\_**

NAME OF COMPANY \_\_\_\_\_

**PREMIUMS less DIVIDENDS & RETURNS**

<b>1.</b>	<b>LIFE:</b>			
	a) <b>**Face amount equal to or less than \$5,000</b>	FAL5--	\$ _____	X <u>.5%</u> = \$ _____
	b) <b>Face amount greater than \$5,000 up to and including \$25,000</b>	FAM5--	\$ _____	X <u>1.0%</u> = \$ _____
	c) <b>Face amount greater than \$25,000</b>	FAM25--	\$ _____	X <u>2.3%</u> = \$ _____
	d) <b>Group LIFE</b>	GL----	\$ _____	X <u>2.3%</u> = \$ _____
<b>2.</b>	<b>HEALTH:</b>			
	a) <b>Groups with less than 50 participants</b>	GL50--	\$ _____	X <u>.5%</u> = \$ _____
	b) <b>Other Health</b>	OH--	\$ _____	
	<b>LESS: Medicare &amp; Medicaid Supplement policies</b>	MMP-	\$ _____	
	<b>LESS: Employer sponsored plans for govt. employees</b>	EGP--	\$ _____	
	<b>Total Taxable Other Health</b>	TOP--	\$ _____	X <u>1.6%</u> = \$ _____
<b>3.</b>	<b>GROSS PREMIUM TAX DUE:</b>			\$ _____
<b>4.</b>	<b>***DEDUCTIONS/CREDITS</b>			
	a) Ad valorem taxes paid on property owned & occupied as the insurer's principal office in Alabama		\$ _____	
	b) Ad valorem taxes paid on property in Alabama at least 50% occupied by insurer		\$ _____	
	c) Ad valorem taxes paid directly or in the form of rent to a third-party landlord on the insurer's offices in Alabama, apportioned by the square foot area occupied by the insurer.	ADV----	\$ _____	<b>lines 4a - 4c</b>
	d) All assessments paid during the year to the Alabama Health Insurance Plan	AHIP----	\$ _____	
	e) All examination expenses paid to the Alabama Commissioner of Insurance	EXAM--	\$ _____	
	f) 60% of Alabama franchise and privilege taxes paid	FT--	\$ _____	
	g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment	GFA--	\$ _____	
<b>5.</b>	<b>Total Deductions (lines 4a - 4g)</b>	Totaled----	\$ _____	
<b>6.</b>	<b>NET PREMIUM TAX DUE BEFORE CAPCO CREDIT</b> (line 3 less line 5; if 5 is greater, enter 0)			\$ _____
<b>7.</b>	<b>LESS: CAPCO CREDIT</b> *Only certified investors who have been allocated a premium tax credit pursuant to AL code section 40-14B are eligible for this credit.			\$ _____
<b>8.</b>	<b>NET PREMIUM TAX DUE AFTER CAPCO CREDIT</b> (line 6 less line 7)			\$ _____
<b>9.</b>	<b>LESS: Quarterly Premium Tax Payments</b>			\$ _____
<b>10.</b>	<b>LESS: Prior Year Overpayment</b>			\$ _____
<b>11.</b>	<b>PREMIUM TAX PAID</b> (line 8 less lines 9 and 10)	PD----	\$ _____	

**\*\* Line items 1a, 1b, 2a, and 2b-(tax-exempt premium only) require supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation.**

**\*\*\* Lines 4a - 4g require two forms of documentation. If documentation is not included, the deduction will not be allowed. All documentation must include a canceled check or verification of EFT payment. The second form of documentation may include a bill, an assessment, or a franchise tax return.**